If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis - LIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
STIPPAU V			
Other contributor causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(9)
County I farfiel Co.	Registration Dist. No. 185
Village or City Have De, Sree	
3 (11	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where deeth occurred wis mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Siglin Mary OLF gara	,
(a) Residence: No. T. Man Ka IIII. (Usbal place of abode)	St., Ward. ff nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowad, or divorced HUSBAND of	(nperil) (Uay) (Teal)
(or) WIFE of	22. I HEREBY CERTIFY That I attanded dacased from
E DATE OF BIBTU (month day and year)	I last sawhere alive on Just 130 5, 1956; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE / Yaars Months Deys If LESS then	to heve occurred on the data stated above, at / 1
Thud. 84hrs.	The PRINCIPAL CAUSE OF DEATH and rafatad causes of importanca wara as follows:
8 Trade profession or particular	Data of one at
kind of work done, es SPINNER, Salyann Mun.	alus delesses
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	Channe Myocardily
U 10. Date deceased last worked at 11. Total time (yeers)	Emplysema
this occupation (month and spent in this occupation cocupation	1
12. BIRTHPLACE (city or town) Tally (State or country)	Other Contributory Causes of Importance:
	(ardian Facture)
¥ 4_	
4 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation
15. MAIDEN NAME	What tast confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
E (State of country)	Where did injury occur?
17. INFORMANY Supelfioss, J. Thances filled	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Holy Redementing Date Jan 17, 1936	Neture of injury
19. UNDERTAKE James Hocal Disk , Soc.	24. Wes disaasa or Injury in any way related to occupation of deceasad?
20. FILED Jaw. 16, 1936 Charles J. Jacus no.	(Signed) Mules of Joley M. D. (Address) States the Sidney M.
	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

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Example I			Example II		
The principal cause of importance were	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	BECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	TEB E 100 1	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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N. B.—WRITE PLA

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(M)
County Harford	Registration Dist. No. 182
Village of Ores Forest Hell	AL.
/2 . (1	N0St.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME margaret E. Can	whilell
(a) Residence Thear Forest Alle	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (rapite the word) 5a. If married, widowed/or divorced	21. DATE OF DEATH January (Month) (Day) (Year)
HUSBAND of Cor) WIFE of James a Campbell	22. I HEREBY CERTIFY, That I attended deceased from ,19, 20, to Jene 9the, ,1936
6. DATE OF BIRTH (month, day, and year) Que 18- 7839	I last saw h Or alive on Dec. 20th 49 35 death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12 9 m.
96 4 2/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8 Trade profession or particular	Arterio Sclerosis
kind of work done, as SPINNER, House Myc	
9. Industry or business in which work was done, as SILK MIII	
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (weath and	Cerebral emboleson cavea
Spantin this	- Drusting 1 Zenkownie
year) occupation	Dther Coatributory Causes of Importance:
12. BIRTHPLACE (city or town)	Emolism
(State or country) Maryand	
13. NAME Janes Hagle IT	
14. BIR (HBYACE (city or town) Henrice	Name of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Ellen Bell / atto	23. If death was due to external causes (VIDLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Harford CO	Accident, suicide, or homicide?Date of injury19
State or country)	Where did injury occur?
17. INFORMANT, Josef Carybelle (Address) Forest Agel	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place WWW Martiers Ceny Date Jan 11 1936	Menner of injury
C. G Kust 2 0	Nature of injury
19. UNDERTAKER (Address) Care Mary 100 VIII	24. Was disease or injury in any way related to occupation of deceased?
d And Dal	If so, specify - Grancell of Sapprington
20. FILE Jan 10 (19)6 N C / Crops de on Registrar.	(Signed) Purnell F. Sappington, M.D. (Address) Bel Air, Maryland

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second property of the second sec			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1936

(Year)

Date of onset

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The principal cause of death and related causes of importance were as follows: Date of onset of importance were as follows: Date of onset of importance were as follows:	set
Arteriosclerosis 1915 Attack of epileput 1 week	ago
Chronic interstilial nephritis 1921 Run over by street car 2	ago
Cerebral hemorrhage July 5,1927 Peritonitis 9661 9 847 3 days	ago
Other contributory causes of importance: Gallstones Other contributory causes of importance: May 1,1923 Gastroenteritis 1 yea	<u>r</u>

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 00622
1. PLACE OF DEATH	(130)
Count Harlord	Registration Dist. No. 185
Village or City Havre de Grace	No. Star Posts St., War f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	s. 2 2 ds. How long in U.S. If of foreign blrth?yrsmosd
2. FULL NAME Sadore Grelyn C	urry
(a) Residence: No Have de Grade St	es Contword.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (corrie the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY That I attended deceased fro
0 7/03/	0 (59 31
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Oavs If LESS than	Udst saw half alive on 1936; death is sa
7. AGE Taars Working Days IT LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Ormin.	were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	P-1261
SAWYER, BOOKKEEPER, etc	acute Morning
work was done, es SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MIŁŁ, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	(Unuia)
J d d	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) avrilae stall (State or country)	Toponia, from dysfunction of kedneys.
13. NAME CURRY 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Oeta of Oeta of
(State or country)	What tast confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME Sadore Elliste 16. BIRTHPLACE (city or town) Harford To Mid. (State or country)	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Harford to Mid.	Accidant, suicide, or homicide?, 19 Date of injury, 19
Stata or country)	Where did injury occur?
17. INFORMANT M. Samuel S. Curry (Address), Slaved Grace M. Stark	(Specify city or town, county and State) Specify whether injury eccurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Piece Took turn Daje Jan 20, 1930	Nature of injury
19. UNDERTAKER P. Madrion Mitchell	24. Wes diseasa or injury in any way related to occupation of deceased?
(Address) Maride Grace The	If so, specify A Land A
20. FILET Ju. 30 , 1836 b Raele J. Jaley M	(Signed) M/ (Address) PULL OF SEASON M/
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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and related causes Date of onset
s:
1 week ag
3 days ago
importance:
1 year
1 3
_

V. S. No. 1

STATE O	F	MARYLAND-	CERTIFICAT	TE	OF	DEATH
017111		11/11/1	O = 11 1 1 0 1 1	_	• •	

73	18	195)	17
U	U	6.2	5

1. PLACE OF DEATH	1 0	93-a Paristation Diet No. /8	2
Village or City	X Hoals	Registration Dist. No	Ward
	1:10	f death occurred in a hospital or institution, give its NAME instead of street and n	umber)
Langth of residanca in city of town where death	occurrad tyrs	sds. How long in U.S. if of foreign birth?mo	sas.
2. FULL NAME / Tille	age of the	CLAST Veteran specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. S. Wall While 9	SINGLE, MARRIED, WIDOWED, DR DWORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 6 (Year)
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of	Dallow	22. I HEREBY CERTIFY That I attanded	,,,,,,
6. DATE OF BIRTH (month, day, and yeer) ALLY 7. AGE Yaars Months	911, 1864 Days If LESS than	5,000	daath is said
714	25 1 day,hrs.		Date of enset
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, atc	med	acute Myrocardiles	
L Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, atc.			
10: Data daceased last worked at this occupation (month and year)	11. Total tima (years) spent in this occupation		
12. BIRTHPLACE (city or town) (Stata or country)	d.	Othar Coutributory Causes of Importanca:	
1 /1 /2 /1	ella.		
13. NAME John Me 14. BIRTHPLAGE (city or town) (State or country)	land	Nama of oparation Date of	utopsy?
IS. MAIDEN NAME CATLERY	il Kelly	23. If death was dua to axtarnal causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of Injury	, 19
17. INFORMANT MAN JUNE	Daltony	Whare did injury occur?(Specify city or town, county and State Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	e) ACE.
(Addrass) 18. BURIAL, CREMATION, UK REMOVAL	X Asaas My	Menner of injury	
Plece De Grand Di	ate _ Cess 8, 192 6	Nature of injury.	
19. UNDERTAKER January (Address) Benson	WY Spor	24, Was disease or injury In any way related to occupation of dacaasad?	
20. FILED Fran 7, 19 % n E/E	ichardon Registrar.	(Signad) A. J. Malle (Addrass) Carrellaville	2nd

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 5 1935 1			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No.

OCCUPA.

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	Example I		Example II	15/15/1
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	EUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones	, -	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

WATH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.-WRITE PLA

or- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 00625
sta UVP	1. PLACE OF DEATH	(97)
of nlid	County Hargine	Registration Dist. No. 180
sho	Village or City Forest Hill	No. St., Ward
T S T	Length of residence in city or town where death occurred by yrsmos	death occurred in a horpital or institution, give its NAME instead of street and number)
IAN	2. FULL NAME and Elizabeth	Dawson
Suc Suc	(a) Residence: No.	St., Ward. If nonresident give city or town and State
t si		
r. PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
94	Finale whethe present yord)	21. DATE OF DEATH Jan 32, 1936 (Vett) (Oay) (Year)
MANEN A C T I assified.	5a. If married, widowed or divorced HUSBANO of (or) WIFE of	22 Jan 1 HEREBY CERTIFY That I attended deceased from 2 1936, to Jan 22 1836
SRN SX cla	6. DATE OF BIRTH (month, day, and year) 4 30 1855	Vast saw han alive on Jan 21 1936; death is sail
PE d H	7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 6301 m.
IS A Pl stated properly	80 8 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
S IS	8 Trade nucleosing or particular	Gaugrene left leg Oate of onset
FHI H be y be k of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SI K MILL	to supt of transfer
VK—T should it may n back	SAW MILL BANK ata	Classical of Matheway
Sh it on	O 10. Oate deceased last worked at this occupation (month and spant in this	Charles and all
GE GE that	yeer) occupation	Other Contributory Causes of importance:
So 1	12. BIRTHPLACE (city or town) Wrest fill and	
FA] ied. ns, stru	(State or country)	arlino-Schrosis
ins	13. NAME Joshua At Polle	
H l su su sin	14. BIRTHPLACE (city or town) Joseph Co (State or country)	Name of operation
t pla	15. MAIDEN NAME Salice & Rutleage	What test confirmed diagnosis?
Carefi Carefi TH in	16. BIRTHPLACE (city or town) Hayfred D	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
LY, e car LTH Iport	16. BIRTHPLACE (city or town) 16. State or country) 200	Where did injury occur?
PLA hould be OF DEA very im	17. INFORMANT In lay Markey (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
RITE tion s USE ON is	Place Place Certificate for 24, 1936	Nature of injury
Mation CAUS TION	19. UNOERTAKER STRUCKS COMMENTAL COMMENTS OF THE COMMENTS OF T	24. Was disease or injury in eny way related to occupation of deceased?
N. B	20. FILED aw 44, 1936 Thomas R'Brown Registrar.	(Signed) Willard P. Hudson M. I (Ardress) Forest Hill Fuel
(T)		2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	Pritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	FEB 4 1885	July 5,1927	Peritonitis	3 days ago	
	BUKEAU Y. 5				
Other contributory	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

3. SEX

7. AGE

OCCUPAT

FATHER

MOTHER

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION,

19. UNOERTAKER-

Accident, suicide, or homlcide?. Where did injury occur?___ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Wes disease or injury in any way related to occupation of deceased?

If so, specify.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Manner of injury

Nature of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritic A 6 1939	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00627
1. PLACE OF DEATH	
County Adulard	Registration Dist. No. 185
1 1 1 4 4	N 1 + 0
	death occurred in a horpital of institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred all yrs. gumos.	eds. How long & U. S. if of foreign birth?yrsmosds.
2. FULL NAME Demanin Gall	accare
(a) Residence: No. Hauke de Grace M	Cat. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DLYORCED (write the word)	21. DATE OF DEATH
Wale Colored OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That I attended deceased from
(or) WIFE of	Lee 9 1935 to Law 11 1936
6. DATE OF BIRTH (month, day, and year) Spril 30 - 1882	I last saw haude allve on June 11, 1936; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11:30 Hm.
(-4 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month end	1 Ogg Rinsma 1
Industry or business in which work was done, as SILK MILL.	
SAW MILL, BANK, etc.	Internal
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Have de Brace	
(State or country)	ξ
I 13. NAME Denganger Talquay,	
14. BIRTHPLACE (city or town) David Le Graffe.	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME maria mittelel, 16. BIRTHPLACE (city or town) Tarre de Grace.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) Take as Grace,	Accident, suicide, or homicide?
(State or country) morefland.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT/ Collision Balloway.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Harredo Ses so, ruff, 18. BURIAL CREMATION, OR REMOVAL	
Place St. James Cen Date Jan, 13-1986	Manner of Injury
() () () () () () () () () ()	Neture of Injury
19. UNDERTAKER Werman glowy Soule	24. Was disease or injury in any way related to occupation of deceased?

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

V. S. No. 1

13

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
			The second second	
Other contributory causes of importance:		Other contributory causes of importance.		
Gallstones	May 1,1923	Gastroenteritis	Tyear	
		E, S	7 .	
		7	pro 1	
		/ 47 62	1	

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00628
1. PLACE OF DEATH	(00)
& Los Lord	Paristation Sid No. 183
County TV action	Registration Dist. No. 70 .
Village or City (1500)	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2 FULL MANE Teter, M. Horn	nau
2. FULL NAME	
(a) Residence: No. /LOCAS (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED twite the word) Whate the word or Divorced twite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Barkera Stine	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Clus 27 1851	Hast saw h Down alive on Jan 8 , 193 be; death is said
7. AGE Years Months Day's If LESS than	to have occurred on the data stated abova, at . G m.
84 4 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, Retered Januar SAWYER, BOOKKEEPER, etc.	Reste Johan Oneumonia Parto of onset
3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) Hayfork ev (State or country) ma	Other Coutributory Causes of importance;
13. NAME Shu Harman	
14. BIRTHPLACE (city or town) maryland	Name of operation
(Stata or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME NOT provide	23. If death was dua to axternal causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stata or country)	Whera did injury occur?(Specify city or town, county and State)
17. INFORMANT Mrs Waller Camputer (Address) Rocks Ind	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of Murya Chr Date 1, 197	Nature of Injury
I Strike & Ru	24. Was diseasa or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) Sarri Carles mile	If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

M. O.

20. FILED Jan 11, 1936 Thomas (1 Vorown

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Chronic interstitial nephritis 18 4 3000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURE/U V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u> </u>		1

	OR DIVORCE	ED (write the word)	Jan (G (Day)	(Year)
			22. I HEREBY CERTIFY, That I ettended dece Dec 10, 1935, to Jan 16	eased from
)	nov. 5	, 1935	I last saw h him alive on 3 an 16 1936; de	eath is said
nths	Days	If LESS than	to have occurred on the date stated above, at	
2	11	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
ER,	100		Verelral berth inguing with	ate of onset
	m		greguent occurrence of respersions	
			arrest syncope	
	11. Total	time (years)	D Congenital Heart malformation	
	spe	ent in this	probably intraventually defect	
Bu	ean		Dther Contributory Causes of importance:	
	mich			
w	Hech			
ad	Penns les		Name of operation Date of What test confirmed diagnosis? Claracted Was there an aulog	- 22.
L	- Burk	ino	23. If death was due to external causes (VIDLENCE) fill in also the following:	sy! 142
eke	Lunt to	hle	Assident suiside on homititate	, 19
7	Kleshi		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
cu	- mil			
92	Date Jan	n 18 , 1936.	Manner of Injury Nature of injury	
Ja	AN .		24. Was disease or injury In any way related to occupation of deceased?	
in	men		If so, specify	
Visg	mia C	hanters	(Signed) Fred O Hodous	M. D.
1		Registrar.	(Address) Edgeword, md.	

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4			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

1. PLACE OF DEATH	200
County Harfurd	Registration Dist. No.
Village or City Cheroles	No. St. Ward
The state of the s	If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredm	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / heodou (f)	Houch
(a) Residence: No. Sarland	St., Ward.
(Usual Alace of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male And Proced (write the word)	(Month) (Day) (Yaar)
5a. If married, widowed, or diversed HUSBAND of	22. IHEREBY CERTIFY. That I attended decessed from
- Origina startes	, 19, 19, 19
6. DATE OF BIRTH (month, dey, and year) Jan, 7 1837	i last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.
78 11 23 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, Returned Farmer SAWYER, BOOKKEFPER, etc	accidental desath
9. Industry or business in which	Coursed up a Tennsylvania
work was done, as SILK MILL, SAW MILL, BANK, etc.	ramous grama, g
10. Data deceased last worked at this occupation (month end / 933 spent in this occupation occupation)	
12. BIRTHPLACE (city or town) Doarford Co.	Other Contributory Causes of importance:
(Stata or country)	
13. NAME adam Steeries	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to extarnal causes (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
State or country)	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT Augh Bailey, (Address) alundun mig	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Darlingtonlin, Date Jan, 7, 1936	Nature of injury
10 UNIDEDVANED AL SI BOLLON	24. Was diseasa or Injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) Lawrington Md,	If so, specify
20. FILED \$ 12 1935. 6 C. Michael-	(Signed) Frank & Flagurence Coroner of the

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HAB € 1936			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	93-2
County Harfard	Registration Dist. No. 185
Village or City Laure de Suace	No. 115 So. Market. St. Ward
7/ /	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whare death occurrad	mos. 2 de How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME farmes Kichay	d-Hell
(a) Residence: No. //3 So. ///arkev	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX. 4. COLOR OR RACE OR DIVORCED (write the wo	ord) Shu 26 , 193 6
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of Connie Clip - Thel	1 HEREBY CERTIFY, That I attended deceased from 26, 1936
6. DATE OF BIRTH (month, day, and year) Jan. 29, 1864	Vast saw half aliva on 1936; death is said
7. AGE Years Months Days If LESS t	
7/ // 26 1 day,	THE FRINCIPAL CAUSE OF DEATH and related causes of importance
Z 8. Trada, profession, or particular	On To Outstanding
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	monethy occouling
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oata deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
this occupation (month and 192) spent in this year)	The state of the s
11.1.10	Other Contributory Canses of importance:
12. BIRTHPLACE (city or lown) (Stata or country)	7/2-17 20000
E 13. NAME John Al Vill	
I IS. NAME FORM TO FILL	
14. BIRTHPLACE (city or town)	Name of oparation
	What test confirmed diagnosis?
15. MAIOEN NAME Marcha France 16. BIRTHPLACE (city or town)	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of injury, 19
(Stata or couplry)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT 18. Mylly 1. May	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Aurula Siam Mills, Buria Cremation, Or Removal	
Placed Coleman haber Jan. 79	Manner of injury
1916 1:1 VIII +1	Nature of injury
19. UNDERTAKER JACANSON JAVICALL	24. Was disease or injury in any way related to occupation of deceased?
(Address) Having trace His	If so, specify
20. FILED Jan. 25136 Charles Valey 2	(Signed) M. D.
Régist	
If more blanks are needed, address State Re	gistrat, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I		Example II	
of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	248 9 1820 I	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory Gallstones	causes of importance:	May 1,1923	Other contributory causes of importance:	
		111491,1020	CLUST CONTENT AND	1 year

ADDITIONAL SPACE FOR FUI	THER STATEMENTS BY PHYSICIAN
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3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

8. Trade, profession, or particular

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.

10. Date deceased last worked et

12. BIRTHPLACE (city or town) (State er country)

14. BIRTHPLACE (city or town

16. BIRTHPLACE (city or town

(State or country

18. BURIAL, CREMATION DR REMOVAL

(State or country)

13. NAME

17. INFORMANT

(Address)

(Address)

this occupation (month and

kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

or min.

11. Totel time (years) spent in this

occupation ___

CERTIFY, That I ettended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset 23. If death was due to external causes (VIOLENCE) fill in also the following: (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE Menner of injury Natura of injury way related to occupation of deceasad? If so, specify

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1915 Attack of emilensy Arteriosclerosis 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cercbral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1.1923 1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

00633

1. PLACE OF DEATH	95-6
County Harford	Registration Dist. No. 84
Village or City Cardille.	ND. St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign blrth?yrsmosds
2. FULL NAME Clisabeth Hu	ahes
(a) Residence: Np.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
White OR DIVORCED (write the word)	Jan. 15- 1936
5a. If married, widowed, or divorced	(Year)
HUSBAND of Cory WIFE of Cory WIFE of	22. 1 HEREBY CERTIFY, Thet I attended deceased from
were rughes	fire minutes 12 after deaths , 19
6. DATE OF BIRTH (month, day, end year) Jan 9 1870	last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2m.
66 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	all - '
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked et 11. Total time (years)	I I I I I All I
SAW MILL, BANK, etc. Housewife,	the think
Spent in this 4	with the second
year) - Jazz 1930 occupation Tyle	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) Wales	Other Coadinatery Causes of Importance:
(State or country)	
13. NAME Frifith Sriffith	
14. BIRTHPLACE (city or town) Qualea	Name of operation
(State or country)	Name of operation Date of
15. MAIDEN NAME Jonn Sriffith	Whet test confirmed diegnosis? Was there an eutopsy?
I Proposition	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[State or country]	Accident, suicide, or homicide?
(State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT David Hughes	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, DR'REMOYAL	
Place Alate Diege Date Jan 17,1936	Manner of injury
Date 19.59	Nature of injury
19. UNDERTAKER Huber & Haskins	24. Was disease or injury in any way related to occupation of deceased?
(Address) a elle Per	If so, specify
20. FILED Jan 16-1936) T. 1. Mic nabl-	(Signed) M. D.
Registrar.	(Address) Cardell Mid

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial naphritis FAIT V &	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

00634

mation should be carefully supplied. -WRITE PLAINLY

certificate. CAUSE OF DEATH in plain terms, so that it may be See instructions on back of TION is very important.

County Harford		Registration Dist. No. 18	1
Village or City Sel lin Count	4 Dorac	NoSt.,	Ward
Length of residence in city or towar where deeth occurred	10	death occurred in a hospital or institution, give its NAME instead of street and n	
PV 0 11	75	Town long in o. o. n or polosyn phen:	15
2. FULL NAME CARRELES John	nom		
(a) Residence: Np. Lellerdian (Usual place of a	hode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULAR	-	MEDICAL CERTIFICATE OF DEATH	Diate
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIE OR DIVORCED (*)		21. DATE OF DEATH	, 193 <u>(Year)</u>
5a. If married, widowed, or divorced HUSBAND of		0 ' '	
(or) WIFE of		22. I HEREBY CERTIFY, That I attended	deceased from
P-1114	1210		, 19.2.6
6. DATE OF BIRTH (month, day, and year) Uffred 4 7. AGE Years Months Days	If LESS than	to have occurred on the date stated above, at 7 30 C.m.	; deeth is sald
	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc		Aypplotic (mummea	8 da
9. Industry or business in which work was done, as SILK MILL,		A. A.	090
SAW MILL, BANK, etc	(veers)	Che myocardial	2410
O this occupation (month and spent in occupation)	n this	Oisdase	000
		Other Contributory Causes of Importance:	0
12. BIRTHPLACE (city or town)	7		
13. NAME Charles Shreeton 14. BIRTHPLACE (city or town)			
4. BIRTHPLACE (city or town)		Name of operation Date of	
(State of country)		Whet test confirmed diegnosis? Wes there an a	iulopsy?_
15. MAIDEN NAME Unknown		23. If death was due to external causes (VIDLENCE) fill in also the following	
16. BIRTHPLACE (city or town) - Un fam.		Accident, suicide, or homicide? Date of Injury	, 19
(State or country)		Where did injury occur? (Specify city or town, county end State	
17. INFORMANT qually florer, Plan (Address)	nes	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	ÄCE.
18. BURIAL, CREMATION, DR REMOVAL		Menner of injury	
Place Level Carrely Date San.	17,19.36	Neture of injury	
19. UNDERTAKER Sanny January	fort	24. Was disease or injury in any way related to occupation of decessed?	210
(Address) Juliania	nd	If so, specify (Signal) (1), 00000 P. Ale 0	10
20. FILED CON 16 , 19 C/1 C/ Cichard	Registrar.	(Signed) (Address) FULL Hall	W.D.
If more blanks are needed, addr	ess State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

ä

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis FR 5 193	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
((((((((((((((((((((
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-	CERTIFICATE OF DEATH 00635
1. PLACE OF DEATH	~ -
County Harlard	Registration Dist. No. 185
	10 11 11
Village or City Mayre at Arabe	ND. St., Ward death occurred in a hospital or matitution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrs./mos.	ds. How long in O. S. if of foreign birth?yrsmosds.
2. FULL NAME Jaglish Kuapp	2 Outside ST
(a) Residence: No. 100 Kiftle Vally (Usual place of abode)	Ward. While Hall Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR PACE OR DIVORCED (write tha word) Wale White Markie A	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WHE OF O live Kleoff.	22. I HEREBY CERTIFY That I attended deceased from Nov 25, 1936, to Jan 25, 1936
6. DATE OF BIRTH (month, day, and yeer) Que 1-18180	I last saw have aliva on Jall for , 1936; death is said
7. AGE Years Months Jays If LESS than	to heve occurred on the date stated above, atm.
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	The PRINCIPAL CAUSE OF DEATH and releted gauses of Importance were as follows. Date of one of
8. Trade, profassion, or particular kind of work done, as SPINNER.	Chliono pyochusuly
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ID. Date deceased last worked at this occupation (month and year) year) Occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
Ξ (,)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	Whet test confirmed diagnosis?
E	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT Larre de Grage Desp. Records (Address) Harre de France Ind.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATIDY, OR REMOVALE	Manner of injury
Place Neglacing Ceys of a Date fee . 78 , 136	Nature of injury.
19. UNDERTAKER TANKER TO AND A MADELLE SING. (Address) AND MADELLE SING.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jan. 27., 1936 Coharles J. Taley M. D. Registrat.	(Signet) M.D.
	24.1 N. Charles Street, Ballimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
FJEB 5 1800 1				
Other contributory causes of importance: S.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ST PON

2. FULL NAM (a) Residence

5a. If marriad, widowed HUSBAND of (or) WIFE of

6. DATE OF BIRTH (me

12. BIRTHPLACE (city of (State or country

18, BURIAL, CREMATION, OR REMOVA

17. INFORMANT (Address)

19. UNDERTAKER

(Addrass)

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

B.-WRITE

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
PLACE OF DEATH a	00000
Na. 1	Registration Dist. No. 185
County My face	
Village or City/ Surge the Grace	ND. St., Ward death occurred in a hospita/or institution, give its NAME instead of street and number)
1/ /)	. 21 ds. How long in U.S. if of foreign birth? yrs mos ds.
FULL NAME Same Tuest	
	Outside Bel Cin ml
(a) Residence: ND. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Colored OR DIVORCED (write the word)	Jan 14 1936
f marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
	Jan 12 ,36, 10 June 14 ,1936
ATE OF BIRTH (month, day, and year) Lake 1856	I last you here alive on Jane 144 , 1936; dasth is said
GE Years Months Days If LESS than	to have occurred on the date stated ebova, at 8: 45 b.m.
about so	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profassion, or particular	For en feel & Comercia
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	The state of the s
Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc.	100
10. Date dacaasad last workad at this occupation (month end spent in this occupation occupation	
.)	Other Contributory Causes of importance:
BIRTHPLACE (city or town).	Myorarditis -
(State or country)	Mephulis.
13. NAME	
14. BIRTHPLACE (city or town)	Nama of oparation
(State or country)	What tast confirmed diegnosis? Was there an eutopsy?
15. MAIDEN NAME	23. If death was due to extarnal causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did inlury occur?

(Specify city or town, county and State)

Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,

Nature of Injury 24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of injury

If so, spacify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	· · ·	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis The Common Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial pephritis -	1921	Run over by street car	1 week ago
Cerebral hemorrhage FLAB 5 193	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	الــــــا		

STATE OF MARYLAND—CERTIFICATE OF DEATH 006

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

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G	EN THE	FLY.	ed. E
NING >	KINBAL	CTLY.	sified. E
NDING	RMANENTR	XACTLY.	classified. E
BINDING	PERMANENT	EXACTLY.	ly classified. E
R BINDING	A PERMANENT R	ted EXACTLY.	perly classified. E
FOR BINDING	IS A PERMANENT RECORD. Every item of infor-	stated EXACTLY. PHYSICIANS should state	properly classified. Exact statement of OCCUPA-

County (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 5e. If married, widowed, or divorced HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, dev. end year) 7. AGE If LESS then 1 day, ____hrs. Trade, profession, or particular OCCUPATION kind of work done, es SPINNER Jo SAWYER, BOOKKEEPER, etc ... back 9. Industry or business in which pluods may work wes done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked et 11. Total time (yeers) this occupetion (month end spent in this occupation dele See instructions 12. BIRTHPLACE (city or town (Stete or country) supplied FATHER 13. NAME 14. BIRTHPLAGE (city or town) (State or country) carefully MOTHER important. 15. MAIDEN NAME DEATH 16. BIRTHPLACE (city or town) (State or country) should be very 17. INFORMANT OF 18. BURIAL, CREMATION, OR CAUSE mation LION 19. UNDERTAKER Registrar.

1. PLACE OF DEATH

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth?_____yrs.____mos.____ds. If U. S. Veteran, specify WAR If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH RTIFY, Thet I ettended deceased from o heve occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related ceuses of importence Date of onset Whet test confirmed diegnosis?_ 23. If deeth was due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?______ Dete of injury______19 Where did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Menner of injury Nature of injury_____ 24. Wes diseese or injury in any wey releted to occupetion of deceased? If so, specify (Address)

WRITE

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importanceS. Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

MYRIR CORPORATA LIMITE CO	OFFICIAL OF BRIDE		
STATE OF MARYLAND—CERTIFICATE OF DEATH 00638			
1. PLACE OF DEATH	95£		
County Starfard	Registration Dist. No. 185		
/ Village or City Parke de Grace	No. Naskital St., Ward		
(If	death occurred in a horpital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurred yrsmos.	ds. How long in U.S. If of foreign birth?mosds.		
2. FULL NAME (Massey Marga	ale ma a lubais.		
(a) Residence: No. / Nowaka St. (Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
MI 11 O.	Jan 11 193 6		
5a. If married, widowed, or divorced	(Month) (Day) (Year)		
HUSBAND of Origan Madday	22. I HEREBY CERTIFY That i attended deceased from		
gray recensor	Jan 10 19 36, 10 Jan 17, 1936		
6. DATE OF BIRTH (month, day, and year) Upril 14, 185	Julas faw hande alive on Julie 1905; death is sald		
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the dete stated above, at		
89 ormin.	were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	f f		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Date deceased last worked at this occupation (month and	Sunding		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Onedina dicambernation		
11. Total time (years) this occupation (month and spent in this	music construction		
year) occupation 20	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town)			
(State or country) Maryland -			
II 13. NAME			
14. BIRTHPLACE (city or town)	Name of operation Date of		
(State of country)	What test confirmed diegnosis? Was there an autopsy?		
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:		
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19		
(State or country)	Where did injury occur? (Specify city or town, county and State)		
17. INFORMANT May Massey Maddy (Address) Orl Ois m. L.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury		
Plec Laterracle Clue Dato Jace 21, 1936	Nature of injury		
19. UNDERTAKER Secur & Foster	24. Was disease or injury in any way related to occupation of diseased?		
(Address) Belan ma	If so, specify		
20. FILED Jan. 18 1936 Charles J. Faley n. J. (Signed) (Signed)			
Registrar.	(Address) A gara al full popular		
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: EIVED Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis 1028	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00639
1. PLACE OF DEATH County Darford	920 184
Village or City LO arlington	No. Registration Dist. No. St., Ward
Langth of residence In city or town where deeth occurred 3 yrs. mos.	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME C. Bingley Mr	Cam
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR-DIVORCED (write the word) Male Market Market Market (write the word)	21. DATE OF DEATH June 30 1936 (Year)
HUSBAND of Bertha McCann	22. JI HEREBY CERTIFY That I attended deceased from 1935 to July 30 1936
6. DATE OF BIRTH (month, day, and year) 100 20 1852	I last saw him eliva on Jaco 30 , 1936; death is sald
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date statad abova, at
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Branchial Premissing Date of onset
12. BIRTHPLACE (city or town) Starford Co., (State or country)	Other Contributory Causes of importence: Milwal Rigary Malus
13. NAME PUCKARD A, MC CANY 14. BIRTHPLACE (city or town) Star ford Cs. (Stete or country)	Name of operation
15. MAIDEN NAME Ovan Day 16. BIRTHPLACE (city or town) Starfard (or) (State or country)	23. If death was due to external causes (VIOL ENCE) fill In elso the following: Accident, suicide, or homicide?
17. INFORMANT Mr Butha Mc Cann (Address) Darlington Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Date Feb. 2, 1936	Manner of Injury
19. UNDERTAKER Darlington Mids	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Jan 31, 19 36 M. M. Kirk Registrar.	(Signed) To Area of the M. D. (Address) Darel spright M. D.
If more blanks are needed, address State Registrar,	24 I N. Charles Street Baltimore Requesting 91 S. No. v

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.-The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related kauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis HANG	1915	Attack of epilepsy	1 week ago
Chronic interstitiel nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(Address)

19. UNOERTAKER (Address)

18. BURIAL, CREMATION, OR REMOVAL

should state OCCUPA- 00640

	(82-a)
a ,	Registration Dist. No. 180
ush	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
n where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
Ma construct	Miley
Bula	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Jan 7 , 1936
4 4 11	(Month) (Oay) (Yaer)
MICHELA	1 HEREBY CERTIFY, That I ettended decaasad from
10 ray	Jan 4 1934 to Jan 4 1936
in buc 1-1853	Mast saw h 21 aliva on Jew 40 , 1936; death is said
onths Days If LESS than	to have occurred on the date stated above, at _7.5.5.7.m.
3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
11	Date prioriest
NER, Tousewife	leveral 1 m or have bass
1 100	0 10 11
-, Wille	Mereta Turber 1449-51
1932 11. Total time (yaars) spant in this	06
1902 spant in this 61	Other Contributory Canses of importance:
	Other Countibutory Causes of Importance.
una,	
u Hoops	
1 1,	Nama of operation Oate of
winon-	Nama of operation Oate of What test confirmed diagnosis? Was there an autopsy?
16-10-1	
1	23. If death was dua to external causes (VIOLENCE) fill in elso the following:
WKILDIA	Accident, suicide, or homicide?
Man A	Where did injury occur?(Specify city or town, county and State)
TAINA TO BE	Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
· was all IIN	
0ate 8 19 BG	Manner of injury
	Nature of injury
d/ (mcloons	24. Was disease or injury in eny way related to occupation of deceased?
g don med	If so, specify
6 mily m. Shipley	(Signed) / / / / / / / M. Dy
Total Register.	(Address) Jaquuma Wa
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
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11.-The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriks	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

V. S. No. 1

OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(32-61)
County Sarfred	Registration Dist. No. 197
Village or City Chudeen B. F. to-	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
. ()	death occurred in a hospital of institution, give its individual national form of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Calch James Merrich	
(a) Residence: No. Short Lane	In Bide Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS B. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Male White married with word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY Thet I attended deceased from
Mrs anny M. Merces	1927, to selly 7 136
5. DATE OF BIRTH (month, dey, and year) and 14 1965	I last saw hericaliva on Jany 6 , 1936; death is said
7. AGE Years Months Days It LESS than	to have occurred on tha dete stated above, atm.
70 9 4 Inay,mis.	The PRINCIPAL CAUSE OF DEATH and ralatad causes of importanca were estallines:
8. Trade, profession, or particular kind of work dona, as SPINNER, Harring	oalaysis -
SAWYER, BOOKKEEPER, etc	defendationer
SAW MILL, BANK, etc.	Pringry/Cause: Corebral Barnonhages
10. Oata deceasad last worked at the state of this occupation (month and spent in this,	Duration: 18 months, cure
yaar)	Other Contributory Canses of importanca:
12. BIRTHPLACE (city or town) TRANS	
1 13. NAME Caled Synch Minish	
	Neme of operation. Oete of
(State or country) Mars land	What test confirmed diegnosis?
15. MAIOEN NAME Sallie Jamble	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Tall of Je	Accident, suicide, or homicide? Dete of injury
E (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT DUS Granis M. Meruch (Address) Cherdin ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Duhlin M. C. Grasky Date Jase 10, 1936	Nature of injury
19. UNDERTAKER Alenny Jarung Tras	24. Was disease or injury in any way related to occupation of deceased?
(Address) Cipulation Ind	If so, specify
20. SHEO 9, 19.36 O Milerian Registrar.	(Signed)
Acgustat.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis TEB 1936	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of cpilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00642
1. PLACE OF DEATH	
County Harford	Registration Dist. No. 187
Village or City Warlington	No. St., Ward
- 9	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Bridget M. Mr.	If home
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or diverced HUSBAND of (or) WIFE of Cornelius Myrdin	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	last saw held alive on auf 14 , 19 3 G death is said
7. AGE Years Months Days If LESS than I day,	to have occurred on the date stated above, at 1.35 1/m.
86 9 28 rusy,mis.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.	0 0
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as STIN MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this pocuration (month and this pocurati	Circlal homorrhage 1-15-36
10. Date deceased last worked at 1234 11. Total time (years) 1236 spent in this occupation (month end 1936 occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
1 11 11 11 11 11 11 11 11 11 11 11 11 1	
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au!opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Colate of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) 20 Amosto	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place OTI Mary Clim 1 Date Jan. 17,	Nature of injury
19. UNDERTAKER D. Bailey (Addiess) Arlington	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Dan, 16, 1935 M. J. Kirls	(Signed) W.C. Lallon , M.D.
Registrar.	(Address) Laslines UN

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To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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The principal cause of death and clated causes. Date of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	FED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrits	TJAN 6	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. S	July 5,1927	Peritonitis	3 days ago	
Other contributors concern					
Other contributory causes	or importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5,1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1.1923 1 year

ADDITIONAL SPACE FOR FURT	IER STATEMENTS BY PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH If more blanks are needed, address State Registrar, 2421 N. Charles Street, Ballimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Autoriosologopic	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis PD 3 1830	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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20, FILED

—94a)
Registration Dist. No. / S /
St.,Ward in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth?yrsmosds.
Ward. If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
Jan. 7th/36 (Month) (Day) (Year)
er alive on 19 an . The standard deceased from 1.2 alive on 19 an . The standard deceased from 19 an . The standard decea
PAL CAUSE OF DEATH end related causes of Importance ows:
ngina pectoris et from history indefinite
to frequency and severity of
ibutory Causes of Importance:
pration Date of
nfirmed diegnosis?
ras due to external causes (VIDL ENCE) fill in also the following: icide, or homicida?, 19,
njury occur?
njury
se or injury In any way ralatad to occupation of decaasad?
(Addrass) Aberdeen, Md.

Registrar.

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Example I		Example II		
The principal cause of death and related cause of importance were as follows:	Date of onsel	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY	SECTA	AN
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certificate.

	4 4 4 1	STATE OF MARYLAND-	-CERTIF
	of info	1. PLACE OF DEATH County Harford	
初	shoul of OC	Village or City Alundun	No. (If death occurred in
	NS NS		nosds. Ho
	Eve	2. FULL NAME Man Frances Buchans (a) Residence: No. Lengville.	Bowa
	YS!	(a) Residence: No. Alwyrulli (Usual place of abode)	St.,

ICATE OF DEATH	0064
210-m	151

County Harford	Registration Dist. No.
Village or City Cherdun	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredmo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Miss frances Buchand	Rowan
(a) Residence: No. Stryvilli (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Windowski	21. DATE OF DEATH (Month) (Day) (Yest)
5a. If married, widowed, or divorced	
HUSBAND OF MARLY Prawan	22. I HEREBY CERTIFY, That I attended deceased from 19
6. DATE OF BIRTH (month, day, and year) The 1884	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Lunch	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Journal of the second	moush pending: come to his
work was done, as SILK MILL,	deathl in a collision between his sistemable and
SAW MILL, BANK, etc	a Ford truck driver & puling Southers" Cholor
year) 1732 occupation 73.	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Sew Cartle	
(State or country)	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	
15. MAIDEN NAME Granie Wilson	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME annie Wilson 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oscident. Oate of injury
(State or country)	Where did injury occur? mor about have Harford County md.
17. INFORMANT Mrs. J. G. Dowash	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 700 atlantic Our Monaca	in Julie Blace - on the Philadelphia Road.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury automobile callesias.
Place Mer Cartle Sa Date Jan. 18, 1936	
11 0	
19. UNDERTAKER Klemy Jameny Jours	24. Was disease or injury in any way related to occupation of deceased?
(Address) fileracon ma	If so, specify
20. FILED Jan 13 186 O Co Muchael	(Signed) & renell of Junior Courses
Registrar.	(Address) Cleracon Trill

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
		To the second se	

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MOTHER 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

(State or country)

15. MAIDEN NAME

Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Address)

23. If deeth was due to external couses (VIOL ENCE) fill in also the following:

Accident, suicide, or homicide?______ Date of injury______ 19.

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

(Specify city or town, county and State)

Was there an autopsy? - 42

Registrar.

Where did injury occur?__

Manner of injury

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Example I			Example II	
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Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	EUR: 5 938 -	July 5, 1927	Peritonitis	3 days ago
	to the U.S.			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones M		May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

Exact statement

properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

D. Every item of infor-

of OCCUPA-

STATE OF MAR	YLAND—(CERTIFICATE OF DEATH	0648
County Starford	1,000	Registration Dist. No. 18	14
Village or City Darling	ton	No. St.	Ward
Length of residence In city or town where death occurred	2 vrs mos.	death occurred in a hospital or institution, give its NAME instead of street and	number)
0/	yrsinus	us. How long in U.S. If of foreign pitting.	1105us.
2. FULL NAME Colvard San	rays x	9.000	
(a) Residence: No. (Usual place	of abode)	St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATISTICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male Write mar	RIED, WIDOWFB, D (write the word)	21. DATE OF DEATH Jan 2. 3. (Month) (Day)	, 193_G (Year)
5a. If married, wideward or divorced HUSBAND of Bertha	we	22. I HEREBY CERTIFY. That I attende	d deceased from
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days	1863 If LESS than I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of Importance	:_; death is said
8. Trade, profession, or particular	ormin.	were as follows:	Date of ensat
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked et dan 11. Total ti	ime (years)	anguna Pecloris	
	nt in this Lyl	Dther Contributory Causes of importence:	
13. NAME Daniel From	re		
13. NAME A and from 14. BIRTHPLACE (city or town) dinertool (State or country)		Name of operation Date of What test confirmed diagnosis? Was there en	
15. MAIDEN NAME Jane Mach 16. BIRTHPLACE (city or town) Suttle Was (State or country)	rragh	23. If death was due to external causes (VIOLENCE) fill in also the followled Accident, suicide, or homicide? Date of Injury Where did Injury occur?	ng:
17. INFORMANT More Ecology of Address) Darlington	nd,	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL Place arlington Com Date Can	1,26,1036	Manner of injury	
19. UNDERTAKER De Bailey (Address) Darlington, 19	di.	24. Was disease or injury in any wey related to occupation of deceased?	
20. FILED (1937), 1937	Registrar.	(Signed) (Address)	M. D

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

-WRITE

B

V. S. No. 1

OCCUPA.

Jo

1. PLACE OF DEATH		952	
County/farfurch	· 	Registration Dist. No. 145	
Village or City Centricle		No. St., Ward	
Length of residence in city or town where de		If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsds	
2. FULL NAME E 2	Elswort	Stres	
(a) Residence: No.		St. Ward Liberty Trove Secie 30.7	
(a) Residence. No.	(Usualplace of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE Male 1. SEX 4. COLOR OR RACE Multa 1. If married, widowed, or divorced	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)	
HILLOGA LUM I	z Strjer.	22. I HEREBY CERTIFY, That I attended deceased from 19	
6. DATE OF BIRTH (month, day, and year)	17 1859	I last saw h; death is sale	
. AGE Years Months	Days If LESS than 1 dayhrs.	to have occurred on the date stated above, atm.	
76 2	2 4 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER,	aleres	Palient died sometime dung	
SAWYER, BOOKKEEPER, etc		the might a November to John	
work was done, as SILK MILL, SAW MILL, BANK, etc		having - losed by allending flags	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spent in this to	the was work !!	
12. BfRTHPLACE (city or town)	lengre	Other Contributory Causes of importance:	
(State or country)	pa,	- Osterno Delevoria	
13. NAME unlaway			
14. BIRTHPLACE (city or town) Aurola	now .	Name of operation Date of	
14. BIRTHPLACE (city or town) Ambaron (State or country)		What test confirmed diagnosis?	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Office Country 18. MAIDEN NAME Landbroom 18. MAIDEN NAME Landbroom 19. Landbroom 19		23. If death was due to external causes (VIOLENCE) fill in also the following:	
		Accident, suicide, or homicide? Date of Injury19	
		Where did injury occur?	
		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) alla	m, Md.		
18. BURIAL, CREMATION, OR REMOVAL	Md 1 200 111 21	Manner of injury	
Plane To the Total Constitution of the Constit	Date Lan 14 , 1936	Nature of injury	
19. UNDERTAKER C. Syson		24. Was disease or injury in any way related to occupation of deceased?	

19. UNDERTAKER (Address)

Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago	
Chronic interstitial nephritis [Q 1 5	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	•	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	ry	NS	ınt	
	Eve	MA	eme	
	Ď.	SIC	tat	
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STATE C	OF MARYLAND-	CERTIFICATE OF DEATH	0650	
1. PLACE OF DEATH		<u>(3)</u>		
County 7/2		Registration Dist. No. 184		
Village or City Start		Np. St	Ward	
//	(1)	death occurred in a hospital or institution, give its NAME instead of street and n	umber)	
Length of residence th city or town where	death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmo	sds.	
2. FULL NAME Saly C	thornton	If U. S. Veteran, specify WAR		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	State	
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (yonth) (Day)	, 193_6	
a. If married, widowed, or divorced		(bay)	(1eal)	
HUSBAND of (or) WIFE of		22. HEREBY CERTIFY. That I attended on the best last last last last last last last la		
i. DATE OF BIRTH (month, day, and year)	w. 16 1936	I last saw h, 19,		
. AGE Years Months	Days' If LESS than 1 dey,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8. Trade, profession, or particuler kind of work done, as SPINNER, C SAWYER, BDOKKEEPER, etc.	ormin,	were as follows: Stillow.	Data of onsat	
9. Industry or business in which work was done, as SILK MILL				
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) Stract (State or country)	Harford les,	Other Contributory Causes of Importance:		
1 (1)	for his			
13. NAME	Charatan			
14. BIRTHPLACE (city or town)	Carolina	Name of operation Date of		
15. MAIDEN NAME P. T.	A. O. A	What test confirmed diegnosis? Was there an a		
16. BIRTHPLACE (city or town). M. Caralina		23. If deeth was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?		
(State or country)		Where did Injury occur? (Specify city or town, county and State		
7. INFORMANT Martin Roberts. (Address) Street Md.		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.	
8. BURIAL, CREMATION, OR REMOVAL		Manner of injury		
Place Tig bland Center Oate Jan. 17. 1936		Nature of injury		
9. UNDERTAKER Challey	A Caller Coling	24-Was disease or injury in any way related to occupation of deceased?		
10. FILED Jan. 16, 1936)	6. J. Mc nabb	(Signed) A. E. Arthur	M. O.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

V. S. No. 1

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstition nephritis R	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

SITNIN CORPORAT

1100		
TATE OF	MARYLAND—CERTIFICATE OF DEATH	

00051

1. PLACE OF, DEATH	92-0
County Harford.	Registration Dist. No. 185
Village or City I Havre de Grace.	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Pharles it, wigan	d.
(a) Residence: No. 132 - W. Street St. (Usual place of abode)	St Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the yord) Marke	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WITE-ob Stella St. Wegand	1 HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Law. (15-1883,	I last saw h in alive on Jac 2 2 1936; death is sald
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atm.
52 - M - 17 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end this programme).	Coursest, F. L. William
Industry or business in which work was done, as SILK MILL.	The state of the s
SAW MILL, BANK, etc.	
O No. Date deceased last worked at this occupation (month end year) occupation occupation occupation	
12. BIRTHPLACE (city or town) Pleavelued	Other Contributory Causes of Importance:
(State or country)	Mihal Reguzzation
13. NAME RICHPLACE (city or town) Rudie Wiegand	The state of the s
14. BIRTHPLACE (city or town) Rudie Wiegand	Name of operation Date of
(State of country)	What test confirmed diagnosis? Channel Was there en autopsy? 4
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 15. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) (State or country) (State or country)	Accident, suicide, or homicide?
17. INFORMANT DUS, C. F. Wiegand, (Address) Flave de Skale, M.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place MI Jion Jen Date Jaw, 2, 1936,	Nature of injury
19. UNDERTAKER Lemmatory tour	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jan. 5 186 Staces J. Jaca, mid.	(Signed) The Neiner M. D.
Registrar.	(Address) Jam & Frace Zud

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1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
12-10	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	July 5,1927	1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: